APPLICATION FOR GED® EXAMINATION

SOUTH CAROLINA DEPARTMENT OF EDUCATION FOR SDE USE ONLY Rcpt. Num: >NO PERSONAL CHECKS CAN BE ACCEPTED Rcpt. Date: (SEE "TESTING FEES") Acknowledgement Make Money Order payable to Abst. Date: SC Department of Education >Testing Fees Are Not Refundable MO CS CK IN ➤ PLEASE TYPE OR PRINT CLEARLY IN BLUE INK < Incomplete Applications Will Be Returned Only photocopies of blank applications will be accepted. No photocopied personal information. 1. Social Security Number: _/___/ 2. Are you a SC resident? Yes No (Must have SC Driver's License or State ID Card) 3. Name: First Middle or Maiden 4. Mailing Address: Number and Street or P. O. Box Apt. or Lot Number (CIRCLE ONE) City: _____ State: ____ Zip: ____ County: ____ 5. Date of birth: ____/___ 6. Age: _____ 7. Phone No.: (____) _____ 8. Sex ____ 9. Race: CHECK ONLY ONE ____ African American ____ Alaska Native 10. What was the last grade in school that you completed? ____ American Indian In what city and state was it located? ____ Asian When did you last attend? _____/___ ___ Hispanic ____ Pacific Islander Month Year 12. Have you taken GED classes within the past six months? Yes No 13. Name of center where classes taken. Other 14. Are you taking the GED tests to qualify for employment? Yes ______ No _____ 15. Are you taking the GED tests for military enlistment? Yes No 16. Are you taking the GED tests to qualify for education or training beyond the high school level? Yes No 17. In which school district do you live? 18. CHOOSE TWO TEST DATES FROM THE SCHEDULE AND COMPLETE THE FOLLOWING: If you have not received confirmation of your first choice by 2 days prior to that date, please call our office for verbal verification. Test City _____ Test City *

* THIS DATE AND CITY WILL ONLY BE USED IF YOUR FIRST CHOICE IS NOT AVAILABLE.

TO APPLY" section of the Information Brochure)

19. If this is the first time that you have taken the GED tests, please choose how you would like to take the tests: (Please read the "HOW

➤ All five (5) in one day _____ OR ➤ Tests 1 and 2 (Tests 3, 4, and 5 must be on a separate application)

Tests 3, 4, and 5 (Only if you have completed Tests 1 & 2)

20. Complete **ONLY** if you have taken the GED exam AFTER January 1, 2002.

 Date Taken

 State

If you took the tests outside of SC, have you had an official transcript of your scores mailed to our office? Yes No

If your current score is 2150 or above, please circle which of the five (5) tests you would like to take. (Circle one or more)

1. Mathematics

2. Language Arts: Writing

3. Social Studies 4. Science

5. Language Arts: Reading

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I HAVE READ THE INFORMATION BROCHURE AND AGREE TO ABIDE BY THE GED REGULATIONS.

I ALSO AGREE NOT TO COMMUNICATE TO ANYONE ANY QUESTIONS, PARTS OF QUESTIONS, DESCRIPTIONS OF CHARTS OR GRAPHS, ESSAY TOPICS OR ANY OTHER INFORMATION ON THE GED EXAMINATION. IF IT IS DETERMINED THAT I BREACHED THIS CONFIDENTIALITY, MY GED CREDENTIAL MAY BE VOIDED.

All signatures must be in **BLUE INK**.

>	Applicant's Signature:	Today's Date:
AFTER CAREFULLY COMPLETING THE APPLICATION AND SIGNING YOUR NAME, MAIL THE APPLICATION WITH THE APPROPRIATE FEE (ALONG WITH THE VERIFICATION OF SCHOOL WITHDRAWAL FORM, WHICH MAY BE FOUND AT www.scged.org , IF YOU ARE UNDER 19) TO:		
	South Carolina De 1429 Senate	TING OFFICE epartment of Education Street, Suite 402 a, SC 29201
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED		
	Request for Second Transcript Other than to yourself	<u>INFORMATION</u> <u>RELEASE</u>
GE Na	request the outh Carolina Department of Education send a copy of my ED test scores to: me:	I GIVE MY PERMISSION FOR THE GED TESTING OFFICE TO RELEASE TESTING INFORMATION AND SCORES TO EDUCATIONAL INSTITUTIONS, EMPLOYER VERIFICATIONS, MILITARY INQUIRIES, AND ANY AND ALL OTHER ENTITIES THAT MAY MAKE A REQUEST, WITHOUT FURTHER WRITTEN PERMISSION. Signature:
	gnature:	
Da	te:	
	-DO NOT WRITE IN THIS SPACE (For examination room use only)	Type of ID: please circle one SCDL SCID Out-of-state DL (State Name) Military
		of-state ID (State Name) Passport
	ID N	Green Card Other IUMBERExp.Date
	Birthdate:	

Examiner:

Signature: